

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

CG-11,451

FILING DATE

11-17-11

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓					
2		✓				
3		✓				
4	✓					
5	✓					
6	✓					
7		✓				
8		✓				
9	✓					
10	✓					
11	✓	✓				
12	✓	✓				
13		✓				
14		✓				
15		✓				
16		✓				
17		✓				
18		✓				
19		✓				
20	✓					
21	✓	✓				
22	✓	✓				
23		✓				
24		✓				
25		✓				
26	✓	✓				
27		✓				
28		✓				
29	✓	✓				
30		✓				
31		✓				
32		✓				
33		✓				
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	11					
TOTAL DEP.	22					
TOTAL CLAIMS	33					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						